

FILED

5/13/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Denise Diane
Pack

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

The State of
Illinois Department of Corrections
Thomas Dart Cook County Sheriff
Curry Crawford Superintendent
Sergeant Goodwill

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:****COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)NA**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)NA**OTHER** (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR**
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**RECEIVED**

MAY 12 2016 AB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT1:16-cv-5188
Judge James B. Zagel
Magistrate Judge Young B. Kim
PC1

I. Plaintiff(s):

- A. Name: Denise O'Pacek
- B. List all aliases: none
- C. Prisoner identification number: 20160310224
- D. Place of present confinement: OCCDOC
- E. Address: P.O. Box 089002 Chicago, ILL
60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart
Title: Cook County Sheriff office
Place of Employment: Cook County Sheriff office
- B. Defendant: Crawford Curry
Title: Superintendent
Place of Employment: Department of Correction
- C. Defendant: Goodwill
Title: Sargeant
Place of Employment: Department of Correction

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: _____

B. Approximate date of filing lawsuit: 04-12-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None
WPA

D. List all defendants: NA
NA

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook County Illinois

F. Name of judge to whom case was assigned: JAA

G. Basic claim made: There were mold in
the window, the water
had a funny taste and cock
Roaches

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

I. Approximate date of disposition: 04-12-16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

There were mold and
mildew around the
water fountain the water
~~had~~ from the water
fountain had a really bad
taste, It was green mold
all in the window and
window seal, Even the
toilet had a mold ring
around the inside of
the bowl it was big
black cock roaches coming
up threw the shower
drains. It was horrible

The Dates are 20151129099,
20150109010, 20150812145, 20150909076
20150916056 in DirselsBn 3D
A3 and B3

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

~~compensate me for the
days I had to go through
that nightmare please
days I spent in Division 3~~

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 012 day of 04, 2016

Denise D. Pack
(Signature of plaintiff or plaintiffs)

Denise D. Pack
(Print name)

20160310224
(I.D. Number)

3207 Kendrick Rd
Robbins, Illinois
(Address)